

**Notice of Meeting for the
Strategic Partnerships for Community Services Advisory Board
of the City of Georgetown
October 10, 2019 at 9:00 AM
at City Hall Community Room, 808 Martin Luther King Jr. St., Georgetown, Texas
78626**

The City of Georgetown is committed to compliance with the Americans with Disabilities Act (ADA). If you require assistance in participating at a public meeting due to a disability, as defined under the ADA, reasonable assistance, adaptations, or accommodations will be provided upon request. Please contact the City Secretary's Office, at least three (3) days prior to the scheduled meeting date, at (512) 930-3652 or City Hall at 808 Martin Luther King Jr. Street, Georgetown, TX 78626 for additional information; TTY users route through Relay Texas at 711.

Regular Session

(This Regular Session may, at any time, be recessed to convene an Executive Session for any purpose authorized by the Open Meetings Act, Texas Government Code 551.)

- A Roll Call --Jaquita Wilson, SPCS Advisory Board Chair
- B Call to Order--Jaquita Wilson, SPCS Advisory Board Chair
- C Consideration and possible action to approve the Minutes from the August 6, 2019 SPCS Advisory Board Meeting—Jaquita Wilson, Advisory Board Chair
- D Overview and and possible action regarding the review of the grant cycle timeline, the Policy, Guidelines, Application, and Evaluation and Recommendation Process for the FY 2020-21 Strategic Partnerships for Community Services Grant Cycle--Jaquita Wilson, SPCS Board Chair and Shirley J. Rinn, Board Liaison

Public Wishing to Address the Board

On a subject that is posted on this agenda: Please fill out a speaker registration form which can be found at the Board meeting. Clearly print your name, the letter of the item on which you wish to speak, and present it to the Staff Liaison, preferably prior to the start of the meeting. You will be called forward to speak when the Board considers that item.

On a subject not posted on the agenda: Persons may add an item to a future Board agenda by filing a written request with the Staff Liaison no later than one week prior to the Board meeting. The request must include the speaker's name and the specific topic to be addressed with sufficient information to inform the board and the public. For Board Liaison contact information, please logon to <http://government.georgetown.org/category/boards-commissions/>.

- E Adjourn

Certificate of Posting

I, Robyn Densmore, City Secretary for the City of Georgetown, Texas, do hereby certify that this Notice of Meeting was posted at City Hall, 808 Martin Luther King Jr. Street, Georgetown, TX 78626, a place readily

accessible to the general public as required by law, on the _____ day of _____, 2019, at _____, and remained so posted for at least 72 continuous hours preceding the scheduled time of said meeting.

Robyn Densmore, City Secretary

City of Georgetown, Texas
Strategic Partnerships for Community Services
October 10, 2019

SUBJECT:

Consideration and possible action to approve the Minutes from the August 6, 2019 SPCS Advisory Board Meeting—Jaquita Wilson, Advisory Board Chair

ITEM SUMMARY:

ATTACHMENTS:

1. Draft Minutes for the August 6, 2019 SPCS Advisory Board Meeting.

FINANCIAL IMPACT:

None

SUBMITTED BY:

Shirley J. Rinn for Jaquita Wilson, SPCS Advisory Board Chair

ATTACHMENTS:

Description		Type
	DRAFT Minutes	Backup Material

**Minutes of the Meeting of the
Strategic Partnerships for Community Services Advisory Board
City of Georgetown, Texas
August 6, 2019**

The Strategic Partnerships for Community Services Advisory Board of the City of Georgetown, Texas, met on Monday, August 6, 2019, at 9:17 a.m.

Members Present:, Alexia Griffin, Michael Douglas, Natalia Ornelas, Jaquita Wilson, Jerry Haecker Members Absent: Staff Present: Shirley J. Rinn, Executive Assistant to the City Manager

MINUTES

A. Call to Order--Jaquita Wilson, SPCS Advisory Board Chair

The meeting was called to order by President, Jaquita Wilson, at 9:17 a.m.

B. Roll Call --Jaquita Wilson, SPCS Advisory Board Chair

All members were present, as well as staff liaison, Shirley Rinn.

C. Consideration and possible action to approve the Minutes from the June 10, 2019 SPCS Advisory Board Meeting—Alexia Griffin, Secretary

Motion by Douglas, second by Ornelas to approve the Minutes from the March 21, 2019 SPCS Advisory Board Meeting, as amended; **(Approved 5-0)**

D. Discussion and possible action regarding the recommendations to be made to the City Council for allocation of funding for Strategic Partnerships for Community Services Grants—Jaquita Wilson, Board Chair

Wilson provided an introduction to the process for going through each of the applications. The Board Members also disclosed any potential conflicts of interest they may have with any of the agencies that applied for funding. Jaquita Wilson recused herself from any discussion related to the Georgetown Project, Natalia Ornelas recused herself from any discussions regarding Girls Empowerment Network (GEN) and Williamson County Advocacy Center, and Michael Douglas recused himself from any discussion regarding the Boy Scouts of America. Shirley Rinn provided an overview of the evaluation tool and the process for determining the allocation recommendations for the City Council.

The Advisory Board recessed for a break at 10:50 a.m. and resumed the meeting at 10:55 a.m.

The Advisory Board recessed for lunch at 12:30 p.m. and resumed the meeting at 1:05 p.m.

The Board vetted Applications, including the following agencies and made the following recommendations:

• Backpack Buddies	\$16,450	• Helping Hands of Georgetown, Inc.	\$10,000
• Brookwood in Georgetown (BIG)	\$26,449	• Literacy Council of Williamson County	\$15,800
• Boys and Girls Club of Georgetown	\$28,500	• Lone Star Circle of Care***	\$16,000
• Boys Scouts of America, Capital Area Council, San Gabriel District, Pack 2935	\$12,750	• Opportunities for Williamson & Burnet Counties, Inc. (OWBC)	\$10,000
• CASA of Williamson County, Texas	\$20,400	• Ride on Center for Kids (R.O.C.K)	\$26,000
• Faith in Action Caregivers	\$35,800	• Sacred Heart Community Clinic	\$25,000
• Girls Empowerment Network	\$11,500	• Samaritan Center for Counseling	\$15,000
• Georgetown Community Service Center - The Caring Place	\$34,300	• Senior Center at Stonehaven	\$12,000
• Georgetown Project	\$32,000	• Williamson County Children's Advocacy Center	\$20,000
• The Locker	\$0	• Williamson County Crisis Center dba Hope Alliance	\$32,100
• United Way of Williamson County	\$0		

\$218,149

\$181,900

\$400,049

The Board had the following comments regarding each agency:

AGENCY	COMMENTS
<p>➤ BACKPACK BUDDIES</p> <ul style="list-style-type: none"> ◆ Maybe a little overlap with Helping Hands <ul style="list-style-type: none"> • Helping Hands requires transportation and Backpack Buddies does not. • Backpack Buddies is in the schools 	<p>➤ BROOKWOOD IN GEORGETOWN (BIG)</p> <ul style="list-style-type: none"> ◆ No duplication ◆ People move to Georgetown for this program ◆ Is there a way BIG can give priority to giving one full scholarship for a long-term Georgetown Resident as opposed to someone who recently moved to Georgetown? ◆ How many are being served from Georgetown (ISD)
<p>➤ BOYS AND GIRLS CLUB OF GEORGETOWN</p> <ul style="list-style-type: none"> ◆ Some duplication in services ◆ More volunteers are needed <ul style="list-style-type: none"> • What opportunities can agency utilize to recruit more volunteers (retired educators); • Would really like to see an emphasis on growing volunteer base • Only agency that provides transportation from school to club ◆ Have a good coalition of other partner organizations that having programming in the club ◆ Most of the funding goes to staff ◆ Would like to see enhanced training for older students to mentor younger students ◆ Would like to see more detail about transportation costs for transporting students 	<p>➤ BOY SCOUTS OF AMERICA</p> <ul style="list-style-type: none"> ◆ Would like to see more diversification in funding sources ◆ This program provides hands on projects; building robots, etc. ◆ Program also offered at the Nest ◆ STEM Resources go into the Boys and Girls Club ◆ Supplies come from Boys Scouts and then are disseminated to after school programs. ◆ This is basically a "science class" that is provided at the after school programs. ◆ They want to serve 100 kids. ◆ This is one of the few programs that brings STEM education to after school programs. ◆ Kids at GISD have to be approved for the Robotics Program, <ul style="list-style-type: none"> • This program does give a lot more access to STEM programming they wouldn't get otherwise. ◆ This Program is tangible with more measurable outcomes.
<p>➤ CASA OF WILLIAMSON COUNTY</p> <ul style="list-style-type: none"> ◆ Would like to see more in the agencies diversification of funding sources ◆ Their service is needed and not duplicative ◆ Solid Financials ◆ Meet many of city's priorities ◆ Program is very stable ◆ 39% of volunteers are from Georgetown ◆ How many children are served from Georgetown and how many more children was agency able to serve 	<p>➤ FAITH IN ACTION CAREGIVERS</p> <ul style="list-style-type: none"> ◆ Fill an important Transportation Need in the Community ◆ Would like to see a Quality of Life Survey conducted <ul style="list-style-type: none"> • Evaluating Quality of Life because of Transportation • Because of Faith in Action I have better quality life because... ◆ What other kind of measures can agency utilize in addition to numbers ◆ How many clients are Aging in Place <ul style="list-style-type: none"> • age of clients

AGENCY	COMMENTS
<p>➤ GIRLS EMPOWERMENT NETWORK</p> <ul style="list-style-type: none"> ◆ There are no Board of Directors from Georgetown. <ul style="list-style-type: none"> • efforts to get a Board Director from Georgetown. ◆ What can be done to build capacity of program? ◆ Would like to see GEN get to 100 students in Georgetown; ◆ Specific Program <ul style="list-style-type: none"> • Life Skills ◆ Safety Net for GISD 	<p>➤ GEORGETOWN CARING PLACE</p> <ul style="list-style-type: none"> ◆ Would like to see better performance metrics for outcomes ◆ Would like to see more detail on where the funding is directed ◆ Would like to see the Caring Place approach other Williamson County Cities for funding.
<p>➤ GEORGETOWN PROJECT</p> <ul style="list-style-type: none"> ◆ Summer Employment Program has been done very well; ◆ Job Skills Training was done very well also; ◆ Would like to see some metrics on longer term financing to sustain stipends for Summer Employment Program 	<p>➤ HELPING HANDS OF GEORGETOWN, INC.</p> <ul style="list-style-type: none"> ◆ Questions about Budget <ul style="list-style-type: none"> • #'s appear to be rounded • Need better budget reporting ◆ Some duplications; ◆ No other funding sources; ◆ Is there a way to evaluate clientele? ◆ Is there a way to do a survey of clientele ◆ Define who clientele encompasses <ul style="list-style-type: none"> • Better idea of who is being served. • Is there a way to do a survey before they get a meal. • How is this program solving the problem ◆ Bigger discussion <ul style="list-style-type: none"> • Sustainability
<p>➤ HOPE ALLIANCE (WILLIAMSON COUNTY CRISIS CENTER)</p>	<p>➤ LITERACY COUNCIL OF WILLIAMSON COUNTY</p> <ul style="list-style-type: none"> ◆ No Duplication ◆ Meets a critical need ◆ Financial Health ◆ Aligns with City's Guidelines
<p>➤ LONE STAR CIRCLE OF CARE</p> <ul style="list-style-type: none"> ◆ Would like to see more defined description of dental services and cost ◆ Grant Application and Reporting is vague <ul style="list-style-type: none"> • What is "uncompensated dental care" • What is the total amount? • more defined and less global. 	<p>➤ R.O.C.K.</p> <ul style="list-style-type: none"> ◆ Veteran Service ◆ Would like to see some of the data utilized to measure quality of life <ul style="list-style-type: none"> • What data are you using to measure quality of life. ◆ Would like to see more detail on what funding is used for <ul style="list-style-type: none"> • For example, horse care, counseling, administration • More defined and less global

AGENCY	COMMENTS
<p>➤ SACRED HEART COMMUNITY CLINIC</p> <ul style="list-style-type: none"> ◆ No Georgetown Board members ◆ Partners with Caring Place ◆ Explore Transportation Options; <ul style="list-style-type: none"> • Faith In Action ◆ Provided a good overview of dental services provided and costs 	<p>➤ SAMARITAN CENTER FOR COUNSELING & PASTORAL CARE</p> <ul style="list-style-type: none"> ◆ Veteran Service ◆ Would like to see data/metrics from ACORN ◆ One Georgetown Board Member ◆ How long is the waitlist <ul style="list-style-type: none"> • what is being done to address the waitlist issue.
<p>➤ STONEHAVEN SENIOR CENTER</p>	<p>➤ THE LOCKER</p> <ul style="list-style-type: none"> ◆ Application improved over last year ◆ Duplicative services ◆ Administrative costs ◆ Assessment for Service Learning Projects <ul style="list-style-type: none"> • Would still like to see a better measure/metric of effectiveness and success of Service Level Learning and Youth Development • Are these services essential?
<p>➤ OPPORTUNITIES FOR WILLIAMSON & BURNET COUNTIES, INC. (OWBC)</p> <ul style="list-style-type: none"> ◆ Federal Funding that OWBC receives is for the Head Start Programs ◆ Funding recommended for Meals on Wheels Programing because of direct impact on Georgetown residents 	<p>➤ UNITED WAY OF WILLIAMSON COUNTY</p> <ul style="list-style-type: none"> ◆ Duplication of Services ◆ Williamson County Funder
<p>➤ WILLIAMSON COUNTY CHILDREN'S ADVOCACY CENTER</p> <ul style="list-style-type: none"> ◆ Provide more information about the OMS and data ◆ Receives funding from the Police Department 	

Motion by Wilson, second by Griffin to approve the recommended grant allocations for City Council consideration as discussed. **(Approved 5-0)**

The Board recommendations will go to the City Council August 13, 2019

The next meeting will be on October 10, 2019 at 9:00 a.m. at City Hall.

E. Adjourn

Adjournment

Motion by Wilson, second by Griffin to adjourn. Meeting was adjourned at 3:32 p.m.

Attest:

Alexia Griffin, Board Secretary

Jaquita Wilson, Board Chair

City of Georgetown, Texas
Strategic Partnerships for Community Services
October 10, 2019

SUBJECT:

Overview and and possible action regarding the review of the grant cycle timeline, the Policy, Guidelines, Application, and Evaluation and Recommendation Process for the FY 2020-21 Strategic Partnerships for Community Services Grant Cycle--Jaquita Wilson, SPCS Board Chair and Shirley J. Rinn, Board Liaison

ITEM SUMMARY:

During the review of the grant applications at the August 6, 2019 Strategic Partnerships for Community Services Advisory Board meeting, the Advisory Board expressed some concerns about how some of the grant applicants responded to the questions in the Grant Application and whether or not the Advisory Board was really getting the information they need in order to thoroughly vet the applications appropriately.

The Advisory Board indicated that it would like to review the current grant application materials prior to next year's grant cycle to ensure that the questions and requests for information are clearly defined in the application materials to ensure that the Advisory Board is receiving the information it needs from each agency to thoroughly evaluate the grant applications for funding recommendations to the City Council.

This item will provide the Advisory Board the opportunity to discuss these issues, as well as review the City of Georgetown's grant cycle timeline, the Policy, Guidelines, Application, and Evaluation and Recommendation Process for the FY 2020-21 Strategic Partnerships for Community Services Grant Cycle

In addition to the City of Georgetown's grant application materials, also attached to this coversheet are grant application materials from Georgetown Health Foundation and Seeds of Strength, both of which recently revised their grant application materials. The Advisory Board can utilize these materials as a starting point to discuss whether or not the Advisory Board would like to make changes to the City of Georgetown's grant application materials.

FINANCIAL IMPACT:

N/A

SUBMITTED BY:

Shirley Rinn for Jaquita Wilson, Board Chair

ATTACHMENTS:

Description	Type
☐ SPCS Funding Guidelines and Policy	Backup Material
☐ DRAFT Timeline	Backup Material
☐ DRAFT FY 2020-21 Grant Application	Backup Material
☐ ProgramAddendum	Backup Material
☐ COG Program Budget	Backup Material

📁	Sample Evaluation Tool	Cover Memo
📁	Georgetown Health Foundation Grant Application	Backup Material
📁	Seeds of Strength Grant Application	Backup Material
📁	Seeds of Strength Letter of Intent	Backup Material



**STRATEGIC PARTNERSHIPS FOR
COMMUNITY SERVICES GRANT FUNDING
POLICIES AND GUIDELINES
FY 2020-21**

I. CRITERIA FOR SUPPORT – CURRENT STANDARDS:

A. Purpose Statement for City of Georgetown funding to the nonprofit sector

The City of Georgetown values partnerships with organizations that are committed to addressing our community's greatest public challenges.

The purpose of City funding to the nonprofit sector is to cultivate and sustain partnerships with 501(c)3 organizations that strengthen the City's key priorities in the following areas:

- Public Safety;
- Transportation;
- Housing;
- Parks & Recreation;
- Veteran Services; and,
- Safety Net.

B. Key Priority Areas Defined

Public Safety.

- While the City is Georgetown's Public Safety leader (Fire & Police), public safety also encompasses a broad scope of work that makes this community safe for all.
 - Eligible organizations and programs may include those that contribute to safe neighborhoods such as out of school time, youth empowerment, and neighborhood community centers.

Transportation.

- Eligible organizations include those that assist in meeting the transportation needs of Georgetown residents unable to access private transportation such as homebound seniors and youth under the age of 16 years.

Housing.

- Eligible organizations include those that offer emergency shelter, transitional or temporary housing, and affordable housing.

Parks & Recreation.

- Eligible organizations include those that provide affordable, accessible activities that enhance Georgetown residents' health and well-being, including sports, fitness, and other recreational programs.

Veteran's Services

- Support veteran programs and services within the community.

Safety Net.

- The City recognizes its responsibility to support efforts to address this community's most pressing basic needs. Examples of basic needs include food insecurity, emergency financial assistance, mental/behavioral health care, substance abuse, domestic/family violence, and health care, including, but not limited to, dental and vision. Safety Net priorities will be based on ongoing analysis of unmet existing needs and emerging needs in this community, and may change over time.

II. IMPLEMENTATION POLICIES:

- A. Appropriation of funds for Strategic Partnerships for Community Services does not encumber subsequent councils to continue appropriations for such funding, and does not imply that subsequent councils may provide such funding. Organizations receiving Strategic Partnerships for Community Services grants from the city are encouraged to identify additional and alternative sources of funding.
- B. When evaluating applications for Strategic Partnerships for Community Services grant funding, the Council shall consider the portion of funding each organization receives from the City, with the objective of encouraging reliance on funding sources other than the City.

III. POLICY FOR ESTABLISHING FUNDING AMOUNTS

- A. Expenditure targets per the City of Georgetown's Fiscal and Budgetary Policy approved by the City Council on December 13, 2016:

The City has targeted funding for these programs to be \$5.00 per capita, which may be adjusted to offset the effects of general inflation based upon CPI. If previous funding levels are higher than the targeted amount, and to avoid significant reductions in levels of funding, the City Council shall seek to attain this target chiefly through population growth. These funds will be allocated and paid according to the City Council's grant funding policies and guidelines for Strategic Partnerships for Community Services that were approved by the City Council on April 14, 2015.

The proposed funding level for 2020/21 is \$400,049, which is the same as in the previous year.

- B. The Minimum Grant that may be applied for is \$10,000.
- C. The Maximum Grant that may be applied for is \$50,000.

**STRATEGIC PARTNERSHIPS FOR
COMMUNITY SERVICES FUNDING
PROPOSED TIMELINE FY 2020-21**

Dates	Task
October 10, 2019	Review Grant Application Materials for possible revisions.
October 2019 - February 2020	Additional Meeting to review grant application materials, if necessary.
November 2019 - February 2020	Review of Annual Reports
February 25, 2020	Board Appointments
March ____, 2020	First Meeting for the Board to elect officers, set meeting schedule, review bylaws, policy and guidelines, grant cycle timeline, application and scoring materials for Grant process.
March 2020 - April 2020	Additional SPCS Advisory Board Meeting(s) to discuss and review application process and to review Annual Reports for FY 2020-21, if necessary.
March 16-April 6, 2020	Grant Applications mailed to current recipients and others who have requested information during course of the year.
March 16-April 6, 2020	Grant Application Materials placed on the City of Georgetown Website
May 1-15, 2020	Deadline for Return of Applications
May 18-22, 2020	Schedule SPCS Board Meeting to review applications for completeness and assign primary reviewer for applications.
June 8, 2020	Completed Applications and Evaluation Tool to Boardmembers.
July 13, 2020 - August 3, 2020	Schedule SPCS Advisory Board Meeting(s) as necessary in order for the Board to review and discuss grant applications, and make grant allocation recommendations to be presented to the City Council.
August 11, 2020 or August 25, 2020	Recommendations from the SPCS Advisory Board to be presented to the City Council for approval.
September 22, 2020	Approval of Funding Agreements by the City Council (After 2 nd Reading of Budget Ordinance)
October 1, 2020	New Budget Year
November-December 2020 or January 2021	SPCS Advisory Board Meeting to review Annual Reports

CITY OF GEORGETOWN

STRATEGIC PARTNERSHIPS FOR COMMUNITY SERVICES

2020-21 GRANT APPLICATION

Instructions: Complete and submit this application along with attachments listed below. **PLEASE SUBMIT THIS COVERSHEET WITH YOUR APPLICATION AND INSERT A COVERSHEET BETWEEN EACH SECTION OF SUBMITTED DOCUMENTATION.** The deadline to submit this completed application is: **FRIDAY, MAY 1 or 15, 2020.**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

CHECKLIST OF ATTACHMENTS

(PLEASE SUBMIT WITH APPLICATION)

☐ **Addendum (specific to Funder).** Funder Name: **City of Georgetown**

☐ **Budget Information.** Include:

- ☐ Program/Project Budget (Excel template provided);
- ☐ Actual Program/Project Budget for prior fiscal year (if applicable);
- ☐ Proposed Organizational Budget for current fiscal year;
- ☐ Organization budget for prior fiscal year.

☐ **Key Staff list.** Include titles, short bio, and length of time employed. Please speak specifically to the staff member(s) who will be directing the program and explain why her/his oversight positions the program for success.

☐ **Board list.** Specify the percentage of Board members that make a financial contribution to your organization. Under each individual Board member's name, include:

- place of business;
- home address;
- years with the organization.

☐ **Citations and additional information (if applicable).** This attachment may be used to cite any statistics/research, to define key terms and/or acronyms, and may include critical detail about your organization or program(s) not already in the grant (no marketing material, please).

☐ **If this proposal will fund collaborative work with Georgetown Independent School District staff and/or students, attach the District's Letter of Approval of the PIE Partnership Proposal.**

☐ **501(c)(3) IRS determination letter.**

☐ **Previous fiscal year financials in PDF format (if e-mailed).** Include:

- ☐ balance sheet;
- ☐ income statement;
- ☐ year-to-date financials (balance sheet and income statement).

☐ **Audited financials and Form 990 (both documents should reflect the same fiscal year).** Refer to specific funder's requirements.

- ☐ audited financials;
- ☐ Form 990;
- ☐ N/A.

Key Terms Defined

Please refer to these terms as you respond to requests for information in the Organization Information, Organization Background, Program Request Information, and Evaluation sections of this application.

MISSION	A statement of the overall purpose of an organization – what you will do every day to make your vision a reality
VISION	A picture of the “preferred future;” a statement that describes how the community’s future will look if the organization achieves its ultimate aims.
VALUES or GUIDING PRINCIPLES	General guidelines which set the foundation for how an organization will operate and run mission-related activities.
GOALS	Broad, long-term aims that define accomplishment of the mission (in a particular work area).
STRATEGIC DIRECTION	The main themes/focuses/areas that will lead the organization toward accomplishing its MISSION.
STRATEGY	A plan/activity required to achieve and OUTCOME.
ACTION STEPS	Specific steps to be taken to implement a strategy: who is involved, what is needed, when this will happen
OUTCOME	Specific, attainable, realistic result that shows the accomplishment of a strategy.

Organization Information

Organization Name	
Legal Name (if different)	
Year Founded	
Mailing Address	
Phone	
Website	
Federal Tax ID #	
CEO or Executive Director (include title if other than "CEO" or "ED")	
Phone Number & Email Address	
Organization Mission	
Organization Vision	
Total Request Amount	
# of Current Population Served by Organization (unduplicated individuals and geographic area(s) – cities, counties, etc.)	
# of Target Population Served through this Program Request (unduplicated individuals and geographic area(s) – cities, counties, etc.)	
Program Name	
Description of the Request (1000 character max. Include main objectives, rationale, methods to accomplish your objectives, and anticipated results.)	

Contact Information

Name, Title	
Email, Phone	
Signature and Date Signed	

Organization Background

The first five questions in this section were adopted from Charting Impact, developed by the Better Business Bureau Wise Giving Alliance, GuideStar USA, and Independent Sector. We chose to use these five questions because they have been thoroughly tested and encourage strategic thinking.

Remember to answer all questions in this section at the organization level, NOT the program level. Be sure to cite all statistics and research in a separate attachment.

Note: Character maximums include spaces. 2,000 characters with spaces is approximately equivalent to 325 words.

1. What is your organization striving to accomplish?

Clearly and concisely state your organization's ultimate goal for intended impact. Identify the groups or communities you aim to assist, the needs your work is addressing, and your expected outcomes. Examine how your goals for the next three to five years (or an alternate timeframe specified in your answer) fit within your overall plan to contribute to lasting, meaningful change. When finished ask yourself, "If someone unfamiliar with our work were to read this, would they have a clear definition of what long-term success means for my organization?" (2,000 character max.)

2. What are your strategies for making this happen?

Describe your organization's strategies for accomplishing the long-term goals you cited in your previous answer. Specify the broad approaches you employ and why your organization believes these methods will benefit your target population or advance your issue. State near-term activities that serve as important building blocks for future success, explaining how these elements strengthen your organization's strategic approach. (2,000 character max.)

3. What are your organization's capabilities for doing this?

Detail the resources, capacities, and connections that support your progress toward long-term goals. While describing your organization's core assets, identify both internal resources (including, but not limited to, staff, budget, and expertise) and external strengths (including partnerships, collaborations, networks, and influence) that have contributed to, or will contribute in the future to, the accomplishment of these goals. (2,000 character max.)

4. How will your organization know if you are making progress?

Explain how your organization assesses progress toward your intended impact. Identify milestones that signal progress and success. Describe your assessment and improvement process: the methods you use as you monitor key indicators and how your organization uses that information to refine your efforts. (2,000 character max.)

5. What have and haven't you accomplished so far?

Demonstrate recent progress toward your long-term goals by describing how your near-term objectives are propelling your organization toward your ultimate intended impact. Go beyond the outputs of your work to make clear how these outcomes are contributing to fulfilling long-term goals. In describing both outcomes achieved and those not yet realized, include what your organization has learned about what does and doesn't work, what risks and obstacles exist, and what adjustments to goals, strategies, or objectives have been made along the way. (2,000 character max.)

Program Request Information

Note: If you have already provided appropriate responses to any of the questions below in the previous Organization Background section, simply type, "Answered in # of the Organization Background section."

This section focuses on the program(s) for which you are requesting funding. Be sure to include the most recent data you have available to support your request.

- 1. Describe the program for which you are requesting funding, and the cause/issue it seeks to address.** Detail the strategies, resources, capacities, and connections that support your progress toward the program's identified goals. Provide evidence to support the strategies you employ within the program that reinforce your organization's long-term goals, and whether such strategies have been proven effective by research. (2,000 character max.)
- 2. Present data that substantiates the need for the services you wish to provide.** Describe the need for services and the tools you use to identify need. If you have wait lists for your services, describe the reasons or conditions that necessitate the wait lists, and how you prioritize them. (2,000 character max.)
- 3. Provide program service costs (direct and indirect) in the table below and describe how you arrived at your service cost.**

Program Service Costs (Note: Table below will expand should you need to include additional comments/clarifications.)

Unduplicated Individuals Served	Total Program Costs	Cost Per Unduplicated Individual

- 4. How will you make the program visible to those who would benefit from it?** Specify whether the program is new or existing. If the program is new, how do you plan to promote it? If the program already exists, how are you currently promoting it? (1,000 character max.)
- 5. How do you coordinate, cooperate, or collaborate with other agencies to achieve your program goals? Specifically highlight those organizations with which you have formalized agreements, such as Letters of Commitment or Memoranda of Understanding.** (2,000 character max.)
Coordination. Harmonious functioning of parts for effective results. Helping each other but not changing the basic way of doing business.
Cooperation. Common effort and association for the purpose of common benefit. Helping each other in specific ways.
Collaboration. To work jointly with others on a common goal that is beyond what any one group can accomplish alone. (adapted from: Forest, C. *Empowerment skills for family workers: A worker handbook*. Cornell University, 2003.)
- 6. Briefly describe what sets you apart from other nonprofits in the area and why your organization is best situated to provide this service.** (2,000 character max.)

Evaluation

Define the primary goal or goals (up to 3) you hope to achieve through this funding for your program. **The goal identified below should be attainable within a 12-month period, and must relate to goals/outcomes articulated in the Program Request section of this proposal.** In this section, state your goal and provide your rationale for why it is ambitious both externally and internally. To demonstrate that the goal is attainable, outline the inputs, activities, outputs, outcomes, and performance measures. Definitions of each are listed below.

GOAL: What will this funding help you accomplish?

Example: Provide dental services to 34 unduplicated Granger residents who are living in poverty and who have not received dental care in the past 12 months.

Ambitious-External: Why did you select this number/percentage as your goal? Please provide current, comparative data that demonstrates that your goal is ambitious in light of the situation in your area. Credible data sources include www.healthywilliamsoncounty.org, Georgetown Health Foundation's 2015 Southeast Georgetown Needs Assessment, US Census, American Community Survey, Data USA, etc.

Example: According to DATA USA, which pulls data from the 2015 American Community Survey, there are 1,583 residents in Granger and 21.7% or 344 residents are living in poverty. Our goal to provide dental services to 34 unique Granger residents who are living in poverty and who have not received dental care in the past 12 months or more is ambitious externally because it will provide services to 10% of Granger's residents living in poverty. Further, the Centers for Disease Control show that only 58% of all Texas adults have visited a dentist in the past year, which is lower than the national average of 62%. (Note: Because of Granger's size and location, this is the best data we are able to compile.) Our goal to provide services to Granger residents will increase the percentage of adults receiving dental care in Texas, which is lower than the national average.

Ambitious-Internal: Why did you select this number/percentage as your goal? Please explain why this goal is ambitious in light of your organization's capacity.

Example: Our goal of serving Granger residents is ambitious internally because it will be our first attempt at serving a rural community outside of our usual Round Rock/Taylor service area.

Inputs: Resources – human, financial, organizational, community – that a program or organization commits to an effort.

Example: If funded, this grant will allow us to hire an additional part-time Health Navigator from the Granger community. The Health Navigator will have access to all organizational and community resources including professional development opportunities, office equipment, administrative support, materials (see Budget for more detail).

Activities: What activities will support or accomplish your goals?

Example: The additional part-time Health Navigator will conduct outreach presentations at the three Granger churches, at family activities at the Granger School and at community events at Granger Lake. The Health Navigator will also provide case management to the 34 Granger residents served through this grant.

Outputs: What do you expect these activities to produce? Outputs are often quantitative measures such as # of participants, # of sessions held, # of encounters, so be sure to include anticipated benchmarks that will gauge your progress.

Example: 34 unique Granger residents who are living in poverty and who have not received dental care in the past 12 months or more will receive dental care during this grant period.

Outcomes: Specific, attainable, realistic result that shows the accomplishment of the strategy. What benefits, impact, or changes in behavior, knowledge, skills, and/or attitudes for participants do you anticipate will result from completion of the activities?

Example: The percentage of Granger residents who are living in poverty and who receive dental care during the 12 months of this grant period will increase by 10%.

Performance Measures: How will you know when you have accomplished your goal? How will you measure and quantify results?

Example: Number of unique Granger residents who receive dental care through our organization's services during this grant period.

GOAL:

Ambitious - External	
Ambitious - Internal	
Inputs	
Activities	
Outputs (include quantitative projections, such as anticipated numbers served)	
Outcomes	
Performance Measures	

GOAL:

Ambitious - External	
Ambitious - Internal	
Inputs	
Activities	
Outputs (include quantitative projections, such as anticipated numbers served)	
Outcomes	
Performance Measures	

GOAL:

Ambitious - External	
Ambitious - Internal	
Inputs	
Activities	
Outputs (include quantitative projections, such as anticipated numbers served)	
Outcomes	
Performance Measures	

Organizational Support

SOURCES OF ORGANIZATIONAL SUPPORT (Prior Fiscal Year)

The purpose of this section is to provide a top line overview of your funding.

Sources	Name(s) of Funder(s)	Amount
Foundation Grants		
Individual Contributions	N/A – no need to disclose the names of individual donors.	
Corporate Foundation Support/Grants		
Government Grants		
Fundraising Efforts		
Program Service Revenue		
Investment Income		
Membership Income		
Other (specify)		
TOTAL REVENUE		

CURRENT FISCAL YEAR DATES:

In your current fiscal year, what are your top 5 external sources of organizational support? Please list specific funding entities and award amounts, indicating whether the funds are pending or in-hand. If a top source is an individual donor, state “individual donor” with award amount.

- 1.
- 2.
- 3.
- 4.
- 5.

What are your cash reserves? How many months could you operate at your continued budget level?

What are your plans to ensure that the work described in this proposal is continued and supported beyond this grant cycle? (1,000 character max.)



City of Georgetown
STRATEGIC PARTNERSHIPS FOR COMMUNITY SERVICES
FY 2020-21 Program Addendum

Responses to the prompts below will be reviewed to make an initial determination regarding an organization's eligibility for City of Georgetown Strategic Partnerships for Community Service grant funding.

Name of Organization:

Amount Requested (\$10,000-\$50,000):

Program Addendum
1. Describe how the proposed program aligns with one or more of the City's priority areas (Public Safety, Transportation, Housing, Veteran's Services, Parks & Recreation, Safety Net). 500 character max.
2. To what extent do you educate and empower your target population toward self-sufficiency? If this question does not apply to your request, insert "N/A". 500 character max.
3. Does your organization currently receive any other monetary or in-kind assistance from the City of Georgetown, including, but not limited to, subsidies for utilities, rent, or other services. 500 character max.
4. Does this program provide opportunities for matching or incentive funds within your organization or from other grantees? 500 character max.
5. Provide the total numbers served and the total number of Georgetown citizens served. 500 character max.

City of Georgetown Grant Application for 2019-2020

Name of Organization:		
Budget Period From:	To:	

Narrative/Notes: Please use as many lines as needed for further explanation of budget items above.

Page 1 of 2

Program Budget**City of Georgetown Grant Application for 2020-21**

This format is required. Please enter your information into the shaded cells for rows applicable to your program/project.

Use the "Other" sections to provide data for other types of revenue or expense in your program or project budget.

Show specifically how our grant is used. Include narrative at the bottom to explain your numbers & assumptions, as needed.

Name of Organization: ABC Organization

Budget Period From: 10/1/2020 **To:** 9/30/2021

Revenue/Support for this Program or Project	Total Program or Project Budget	Detail for this Grant Request
Individual contributions	\$ -	\$ -
Fundraisers & Special Events	\$ 1,000.00	\$ -
Program/Service Revenues	\$ 10,000.00	\$ -
Government, Foundation, Corporate Grants or Other (list below; describe in narrative/notes if more space is needed)		
Foundation Grants	\$ 25,000.00	\$ 15,000.00
City of Anytown	\$ 5,000.00	\$ -
XYZ Corporation	\$ 8,000.00	\$ -
Member Dues	\$ 1,000.00	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
Total Revenue/Support (calculated for you or enter your own total)	\$ 50,000.00	\$ 15,000.00
Expenses for this Program or Project	Total Amount	Grant Request
Salaries, benefits and related taxes	\$ 19,000.00	\$ 5,000.00
Consultants and professional fees	\$ -	\$ -
Professional development including travel, lodging	\$ 500.00	\$ -
Equipment	\$ -	\$ -
Supplies and supporting materials	\$ 200.00	\$ -
Printing, copying, phone, internet, fax, postage	\$ 200.00	\$ -
Mortgage or Rent, and Utilities	\$ -	\$ -
Fundraising Expenses	\$ -	\$ -
Other (list below and describe in narrative/notes if more space is needed)		
General Liability Insurance	\$ 100.00	\$ -
Scholarships	\$ 30,000.00	\$ 10,000.00
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
Total Expense (calculated for you or enter your own total)	\$ 50,000.00	\$ 15,000.00
Difference (Revenue/Support less Expense)	\$ -	\$ -

Narrative/Notes: Please use as many lines as needed for further explanation of budget items above.

- 1 Applied for \$10,000 grant from the X Foundation. Response due May 1.
- 2 Salaries for: Part-time coordinator \$9,000; Part-time instructor \$10,000
- 3
- 4

CITY OF GEORGETOWN
STRATEGIC PARTNERSHIPS FOR COMMUNITY SERVICES
FY 2020-21 GRANT APPLICATION EVALUATION

Input values in yellow cells only. Use blue cells to manipulate data.						
Applicant Name		Final Score		0		
Applicant Name						
Summary Request						
Summary of Grant Request						
Notes						
	Score (1 - 5)	Weight	Weighted Score	Notes		
1. Duplicate Effort?		0.03	0			
2. Other Funding Sources (total \$)		0.02	0			
3. Does this proposal meet a critical need in the City of Georgetown (i.e. do other resources exist that already meet this need?) Is there a critical mass of community members needing these services to justify the funding?		0.2	0			
4. Rate the impact of the funding. Are the goals reasonable and can they be measured reasonably? <i>See Evaluation Section of Application.</i>		0.15	0			

5. Rate the organization’s capacity to evaluate itself. Consider how the organization monitors progress in meeting its goals/objectives and accomplishing its mission. <i>See Evaluation Section and #4 in Organization Background Section.</i>		0.1	0	
6. Rate the financial health of the organization, including the diversification of funding streams, cash reserves, budget(s), financials, and review of audit/990.		0.1	0	
7. Rate the proposal’s alignment to the City of Georgetown Policy and Guidelines. Does it meet one or more of our strategic priorities (Public Safety, Transportation, Housing, Parks & Recreation, Veteran Services, and Safety Net)?		0.15	0	
8. Rate the stability of the organization. For example, consider its lifecycle stage and ability to adapt to a changing environment. Is it a learning organization? Does it demonstrate an understanding of external forces that impact its work?		0.1	0	
	Score (1 - 10)			
9. Rate how strongly you view this organization and proposal overall. Clarify whether to fund, and to what extent.		0.15	0	

1

TOTAL WEIGHTED SCORE

0

2020 GHF Annual Grant Application, Sec 11 deleted, Goals modified

Georgetown Health Foundation

General Instructions

Congratulations on your advancement to the full application stage!

Please complete Sections 6-11 of this application and submit by the deadline. Sections 1-5, which were submitted in the LOI, are included for reference and are "read only."

Program Name & Amount Requested

Program Name*

Character Limit: 100

Amount requested

Character Limit: 20

LOI - 1. About Your Organization

1a. Organization Mission

Character Limit: 500

1b. Organization Vision

Character Limit: 1000

1c. Date of Incorporation

Character Limit: 10

1d. Describe your organization's scope of work

Character Limit: 2500

1e. Describe your organization's target population

Character Limit: 1000

1f. How many unique individuals did your organization serve during the prior fiscal year?

Character Limit: 100

1g. What geographic area does your organization serve?*Character Limit: 500*

LOI - 2. Commitment to Georgetown

2a. Is your organization's main office located in Georgetown?**Choices**

Yes

No

If no,

where is your organization's main office located? Do you maintain a satellite office in Georgetown? What is the address of the Georgetown-based satellite office?

*Character Limit: 1000***2b. What year did your organization start serving Georgetown?***Character Limit: 10***2c. Describe your organization's work in Georgetown***Character Limit: 1500***2d. How many unique Georgetown residents did your organization serve during the prior fiscal year?**

Out of the total number of unique individuals your organization served during the prior fiscal year (see Q1f), how many were Georgetown residents?

*Character Limit: 10***2e. Please select the Georgetown zip codes your organization serves****Choices**

78626

78628

78633

78673

78674

78634

LOI - 3. Funding Request

3a. Please describe how GHF grant funds will be used, if awarded.*Character Limit: 1000*

3b. Alignment with GHF's Mission, Vision, Strategic Priorities, and Target Population

Describe how your organization and this funding request aligns with GHF's Mission, Vision/Vision Philosophy, Strategic Priorities, and Target Population. Specifically identify the target population with which you will be working.

Character Limit: 3000

3c. Alignment with GHF's Strategic Priorities

Check all the strategic priorities below that will be addressed through this proposal, if funded.

Choices

Transportation

Affordability and availability of quality housing

Access to college readiness programs and post-secondary education

Accessibility of daycare, afterschool programs, and play for children

Equitable access to healthy foods and nutrition education

Greater economic security

Access to affordable dental care

Availability and accessibility of quality mental health services

LOI - 4. Prior Relationship with GHF

4a. Has your organization ever received a GHF grant, sponsorship, or other financial support?

Choices

Yes

No

If yes,

please list years, amounts, and type of funding (grant, sponsorship, other financial support) your organization has received from GHF.

Character Limit: 1000

4b. Do you currently receive a rent subsidy from GHF?

Choices

Yes

No

If yes,

include the location/address of the property and the current monthly rent per your lease agreement.

Character Limit: 250

4c. Does your organization reserve the GHF Community Rooms?

Choices

Yes

No

If yes,

please describe your need for using the rooms and how often you have used them over the last 12 months.

Character Limit: 500

LOI - 5. Financial Overview

5a. UPLOAD: Most Recent Audit.

Include all formal communication received from the audit firm in relation to the financial statement audit. If you are applying for less than \$25,000 and if your organization has not commissioned an audit, GHF will accept a CPA prepared financial statement review. As with the audit, upload all formal communication received from the firm in relation to the review.

NOTE: All documents must be uploaded as one PDF.

File Size Limit: 4 MB

6. Organizational Strategy & Capacity

The following questions (6a-6e) were adopted from Charting Impact, developed by the Better Business Bureau Wise Giving Alliance, GuideStar USA, and Independent Sector. We chose to use these five questions because they have been thoroughly tested and encourage strategic thinking.

Remember to answer Questions 6a-6e at the organizational level, not the program level. Be sure to cite all statistics and research in a separate document then upload the document into Question 12a.

6a. What is your organization striving to accomplish?*

Clearly and concisely state your organization's ultimate goal for intended impact. Identify the groups or communities you aim to assist, the needs your work is addressing, and your expected outcomes. Examine how your goals for the next three to five years (or an alternate time frame specified in your answer) fit within your overall plan to contribute to lasting, meaningful

change. When finished ask yourself, "If someone unfamiliar with our work were to read this, would they have a clear definition of what long-term success means for my organization?"

Character Limit: 2000

6b. What are strategies for making this happen?*

Describe your organization's strategies for accomplishing the long-term goals you cited in 6a. Specify the broad approaches you employ and why your organization believes these methods will benefit your target population or advance your issue. State near-term activities that serve as important building blocks for future success, explaining how these elements strengthen your organization's strategic approach.

Character Limit: 2000

6c. What are your organization's capabilities for doing this?*

Detail the resources, capacities, and connections that support your progress toward long-term goals cited in 6a. While describing your organization's core assets, identify both internal resources (including, but not limited to, staff, budget, and expertise) and external strengths (including partnerships, collaborations, networks, and influence) that have contributed to, or will contribute in the future to, the accomplishment of these goals.

Character Limit: 2000

6d. How will your organization know if you are making progress?*

Explain how your organization assesses progress toward your intended impact cited in 6a. Identify milestones that signal progress and success. Describe your assessment and improvement process: the methods you use as you monitor key indicators and how your organization uses that information to refine your efforts.

Character Limit: 2000

6e. What have and haven't you accomplished so far?*

Demonstrate recent progress toward your long-term goals cited in 6a. by describing how your near-term objectives are propelling your organization toward your ultimate intended impact. Go beyond the outputs of your work to make clear how these outcomes are contributing to fulfilling long-term goals. In describing both outcomes achieved and those not yet realized, include what your organization has learned about what does and doesn't work, what risks and obstacles exist, and what adjustments to goals, strategies, or objectives have been made along the way.

Character Limit: 2000

6f. Organization Staff*

How many staff does your organization have? What is the percentage of staff turnover during the last 12 months? What are the primary contributors to staff turnover?

Character Limit: 1000

6g. UPLOAD: Key Staff List*

Include titles, short bio, and length of time employed. Please speak specifically to the staff member(s) who will be directing the proposed work and explain why her/his oversight positions the work or success.

File Size Limit: 2 MB

6h. Organization Board of Directors*

How many Board of Directors does your organization have? What is the percentage of board turnover during the last 12 months? What are the primary responsibilities of your Board of Directors?

Character Limit: 2000

6i. UPLOAD: Board List*

List individual board member's name, place of business, home address, and years with the organization. Specify the percentage of board members that make a financial contribution to your organization.

File Size Limit: 2 MB

7. Georgetown Community Responsiveness

7a. How is your organization responding to the changing environment?*

Describe how your organization is responding to the changing Georgetown community needs, changing client needs, and changes in the professional field. Provide a recent example.

Character Limit: 2000

7b. What makes your Georgetown efforts unique to the community?*

Briefly describe what sets your work apart from other nonprofits in the area and why your organization is best situated to provide this service.

Character Limit: 1000

7c. Publicizing and Recruiting*

If funded, how, when, and where will you publicize/recruit to ensure maximum participation by Georgetown residents?

Character Limit: 2000

7d. Considering the program locale, how are transportation and accessibility addressed?*

Character Limit: 2000

The 2015 GHF Needs Assessment revealed participants' experience with unequal treatment due to race, citizenship, education, and socioeconomic status. They also expressed a desire to have

more voice in decisions that impact them. Questions 7e-7g are designed to help GHF understand your organization's cultural competencies. A culturally competent organization is one that seeks to understand and accommodate diverse groups of people and applies that knowledge to its standards, policies, and practice.

7e. How do you ensure that your staff and board represent the population you serve in Georgetown?*

Character Limit: 2000

7f. Please describe your organization's cultural competencies. Examples of indicators include:*

- Understands how our cultural backgrounds (including ability, age, gender, educational attainment, race, religion, sexual orientation, socioeconomic status, etc.) affect our responses to others
- Does not assume that all members of certain groups share the same characteristics, beliefs, or practices
- Acknowledges how past experiences affect present interactions
- Actively eliminates prejudice in policies and practices
- Allocates resources for cultural awareness, sensitivity, and understanding
- Mitigates cultural differences to ensure services are visible to all who need them, and that all are welcome

Character Limit: 2000

7g. Client Feedback*

Feedback involves systemically soliciting, listening to, and responding to the experiences of participants about their perceptions of a service to gain unique insights that help improve the quality of that service (Fay Twersky, "Time for a Three-Legged Measurement Stool," *Stanford Social Innovation Review*, Winter 2019). Have you established communication protocols that allow clients to give feedback about their experiences with your organization and programs? If so, how is this feedback collected and used to improve your service delivery? If not, do you have future plans to do so?

Character Limit: 2000

7h. Contributions to the community of Georgetown (optional)

How does your organization contribute to Georgetown's perception of itself as a:

- Community of excellence;
- Community of compassion;
- Community of intergenerational opportunities;
- Community of volunteers?

Character Limit: 2000

8. Proposed Program Details

8a. Description of Proposed Program*

Describe the program for which you are requesting funding and the issue it seeks to address. Detail the strategies, resources, capacities, and connections that support your progress toward the program's identified goals. Provide evidence to support the strategies you employ within the program that reinforce your organization's long-term goals, and whether such strategies have been proven effective by research.

Character Limit: 2000

8b. Proposed Impact*

How does this program prevent/eliminate/reduce the issue OR educate/rehabilitate/maintain a person affected by the issue?

Character Limit: 2000

8c. How do you determine the Georgetown community's need for this program?*

Character Limit: 2000

8d. UPLOAD: Budget for Proposed Program*

Upload the budget for your proposed program using the template provided **HERE**.

File Size Limit: 2 MB

8e. UPLOAD: Actual Program Budget for Prior Fiscal Year*

File Size Limit: 2 MB

9. Goals

Grant Period: The grant period for all GHF Annual Grants is **July 1, 2020 - June 30, 2021**.

9a. Number of Georgetown Residents to be Served by this Grant.*

Character Limit: 6

9b. Goals & Logic Model

Using the template provided **HERE**, complete the logic model for up to 3 goals that reflect what you aim to achieve with GHF funding over the course of the grant period. Please also enter the same goals below.

File Size Limit: 1 MB

GOAL 1**Character Limit: 500***GOAL 2 (if applicable)***Character Limit: 500***GOAL 3 (if applicable)***Character Limit: 500*

10. Organizational Financials

10a. Fiscal Year Start Date*

Please enter the start date of your current fiscal year

*Character Limit: 10***Fiscal Year End Date***

Please enter the end date of your current fiscal year.

*Character Limit: 10***10b. What are your organization's cash reserves, i.e., days cash on hand?****Character Limit: 20***10c. How many months could the organization operate at your continued budget level?****Character Limit: 10***10d. UPLOAD: Balance Sheet for Prior Fiscal Year***

(PDF format)

*File Size Limit: 2 MB***10e. UPLOAD: Income Statement for Prior Fiscal Year***

(PDF format)

*File Size Limit: 2 MB***10f. UPLOAD: Actual vs. Budget Income Statement for the Prior Fiscal Year***

(PDF format)

*File Size Limit: 2 MB***10g. UPLOAD: Current Year-to-Date Financials to include Balance Sheet and Income Statement.***

(PDF format)

File Size Limit: 2 MB

10h. UPLOAD: Year-to-Date Cash Flow Statement

If your organization generates a Cash Flow statement, upload it here in PDF format. If not, leave blank.

File Size Limit: 2 MB

10i. UPLOAD: Organization Budget for Proposed Fiscal Year, Related to the Grant Period*

(PDF format)

File Size Limit: 2 MB

10j. Contributions from Individual Donors*

Provide the total revenue from individual contributions and the total number of individual donors from the prior fiscal year (please do not disclose donor names).

Character Limit: 250

10k. Most Recent Organization Audit

If your organization completed an audit since your LOI submission, please upload the most recent audit here.

File Size Limit: 1 MB

11. Citations, Acknowledgement & Assurance

11a. Citations and Additional Information (optional)

This attachment may be used to cite any statistics/research, to define key terms and/or acronyms, and may include critical details about your organization or program(s) not already included within this application that will strengthen your case for funding (no marketing material, please).

File Size Limit: 2 MB

11b. Acknowledging GHF*

Type your name and date in the space below to assure that if funded, the organization will acknowledge GHF on all related marketing materials, your website, social media, and in any other communications in which this program is promoted.

Character Limit: 50

11c. Assurance*

Type your name and date in the space provided to assure that by submitting this application, you 1) confirm that the information herein is true and correct, 2) confirm that if funded, funds will be spent according to the budget listed in this application, and 3) confirm that the organization will submit interim and final reports as required.

Character Limit: 50



SEEDS OF STRENGTH

SEEDS OF STRENGTH –2019 GRANT APPLICATION

Instructions: Complete Seeds of Strength's Grant Application Word template. Use font size no less than 10 pt. and no more than 12 pt. Email the completed Application with required attachments to grants@seedsofstrength.org. The deadline to submit the completed Application is **NO LATER THAN THURSDAY FEBRUARY 7, 2019 by 5:00 PM**. Late submissions will be declined without consideration.

PART I. COVER PAGE

Organization Name			
Program or Project Name		Amount Requested	\$
Executive Director: (or top executive)		Phone # Email Address	
Main contact(s) for this proposal		Phone # Email Address	
Board President		Phone # Email Address	
#Target Population served through this proposed program request (Unduplicated individuals and geographic areas(s) –cities, counties, etc.)		Area of Interest Health and Well-Being Family Education/Financial Stability Arts & Culture	Check one [] [] [] []
Website Address			

PART II. NARRATIVE

SECTION A: Request to Modify Original Program or Project Request

1. Does the grant application include a modification to your original Letter of Intent (LOI)? If so, please describe the change(s) and the need to revise the proposal. (Limit to one paragraph)

SECTION B: Organization Information

2. Please describe the organization's current programs, activities, number of individuals served annually, and recent accomplishments. Tell us why your organization is well positioned to implement the program or project for which you are requesting funding. (Limit to two paragraphs; bullet points are encouraged).

SECTION C: Diversity, Equity, & Inclusion (DEI)

3. How are the demographics of the community/clients your organization serves reflected in the compositions of your staff, board, and/or volunteer? Are there ways that your organization strives to incorporate the perspective of the community/clients your organization serves? (Examples of demographics that may apply to your work may include age, ability, national origin, religion, sexual orientation, socio-economic level, veteran status, or personal experience with issue. (See Grant Guidelines at seedsofstrength.org "Apply for a Grant" page for additional information. (Limit to 3 paragraphs; bullet points are encouraged).

SECTION D. Program or Project Request Information

4. How does this program or project contribute to your organization's overall mission? What is the specific unmet need(s) you are seeking to address? What activities will your program implement to address this need? Is this a new, or an expansion of an ongoing program? If this is an existing program, provide service statistics and how it was previously funded. Describe your target population and how many individuals will be impacted during the grant period. What percentage of individuals served will be Georgetown residents? (Limit to four paragraphs).

5. Provide current data that supports your proposal with existing research or agency experience. Include statistics about the local area if possible. Describe to what extent to which your program/organization is based on evidence-based, best, or best practice. Is the program based on another program/project that has been shown to be effective in other settings? *(Limit to two paragraphs; bullet points are encouraged).*

6. Provide program service costs in the table below and describe how you arrived at your service cost. *(Enter the mathematical calculations in the table below that resulted in the individual/unit service cost).*

Program Service Costs (Note: Table below will expand should you need to include additional comments/clarifications.)

Proposed Total Number of Unduplicated Individuals Served	Total Program Costs	Cost Per Unduplicated Individual

7. Complete a Program/Project Management Plan. The management plan tells the grant reviewer who's accountable to whom. It shows the funder who is in charge when questions arise. Complete the table below by including the position name, full-time or part-time devoted to the program, line of accountability (*who reports to whom*), and how the position will be funded (*grant request, cash-other funds, or in-kind contribution*). Please list the program personnel in order of ranking, beginning with the highest administrative position and ending with volunteers, if any. In your plan, the number of parentheses behind each position title indicates the number of individuals hired for each title position. *(For a completed example, please see Grant Guidelines, seedsofstrength.org "Apply for a Grant" page).*

Name of your Program or Project: Management Plan			
Position (# of personnel)	Time allotted to program	Reports to	Funded by

Funded by: *Cash match- other funds, In-kind contribution- donated volunteer service hours, and Grant request.*

8. What staff, board, or volunteer training and professional development needs are required to implement this program or project, if any? Please be specific. If not, how does the organization provide the initial, annual and on-going training to your Board members, program staff and volunteers? *(e.g., trainings on cultural competency, effective use of social media, or fundraising techniques). (Limit two paragraphs; bullet points are encouraged).*

9. Identify collaborating partners for the program or project and describe their role and expertise. *Due to space limitations, describe the interactions that are most important to the program in terms of helping it achieve its goals. (Limited to bullet points).*

10. What is the timeline for implementing this grant? *Please include the program or project's major events, activities and where and when they will take place. (Limit to bullet points and chronological order).*

11. If your proposed program or project is ongoing, please explain how you will continue to deliver benefits to the target population after the grant period has ended. What is your Board's role in ensuring the continuation of the program? If the project is not ongoing, please explain how you will responsibly bring the project to an end. *(Limit two paragraphs; bullet points are encouraged).*

SECTION E. EVALUATION— PROGRAM LOGIC MODEL

Define the primary goal you hope to achieve through this funding for your program. The goal should be attainable within a 12-month period, and must relate to goals/outcomes articulated in the Program request section of this proposal. To complete the table below you must first complete the required Seeds of Strength's Program/Project Logic Model Template (*Please see seedsofstrength.org "Apply for a Grant" page, Grant Guidelines to review additional information on the Program Logic Model, and Glossary in preparation for how to complete the Logic Model Attachment.* Enter the information from your completed Program Logic Model into the Target Population, Outcomes and Performance Measures table below.

GOAL:

(Note: Table below will expand should you need to include additional information)

Target Population (Describe individuals who will benefit from the program and how many will be served during the 12 month grant period)	Number served during the grant period:
Outcomes/Results (Written as change statements)	
Performance Measures (What and how will you measure and quantify the programs results?)	

GOAL:

Target Population	
Outcomes	
Performance Measures	

12. How will the evaluation results be used to inform/strengthen future programming and organizational operations?
(Limit to one paragraph)

SECTION F. ORGANIZATION SUPPORT

13. SOURCES OF ORGANIZATIONAL SUPPORT- Previous and Current Fiscal Year

(The purpose of this section is to provide an overview of your organization's revenue streams for the previous fiscal year end and current year-to-date).

Instructions: List all funding sources for both years. For the current FY enter the dollar amount of funding to date. Indicate whether the funds are pending (P), or in-hand (I). Examples: \$5,000 (P), \$10,000 (I)

Previous Fiscal Year End Dates: _____ to _____ Current Fiscal Year End Dates: _____ to _____

External Sources	Name(s) of Funders(s)	Amount Previous Fiscal Year	Name(s) Funder(s)	Amount Current Fiscal Year
Foundation Grants				
Individual Contributions	N/A – no need to disclose the name of individual donors		N/A- no need to disclose the name of individual donors	
Corporate Foundations				
Government Grants				
Fundraising Events (net)				
Other Specify	Describe:			
Internal Sources				
Program Service Revenue				
Membership Income				
Investment Income				
Other Specify	Describe			
	TOTAL REVENUES		TOTAL REVENUES	

14. Please list all funding sources receiving this program request. Enter the name of the funder, amount and date the funds were requested and the current funding status of the request. *Funding status examples: Funded, Pending, or Committed (For an example of a completed table including definitions of funding status see Grant Guidelines at seedsofstrength.org “Apply for a Grant” page).*

Funding Sources Receiving this Program or Project Request			
Name of Funder	Amount requested	Date Requested	Funding Status

15. Does the program/project budget submitted with the grant application include a modification to your Letter of Intent budget? If so, please describe the revision with an explanation why it was necessary. (Limit to one paragraph)

16. What are your cash reserves? How many months could you operate at your continued budget level? (Limit to one paragraph)

Seeds of Strength 2019 GRANT APPLICATION Signature Page & Checklist of Attachments

Instructions: PLEASE PRINT OUT THIS PAGE. Check off the attachments you are including with your Grant Application. The Executive Director or CEO will need to sign the Signature Authorization and Certification of Information below. SCAN THE ATTACHMENTS AS INSTRUCTED BELOW and submit via email to grants@seedsofstrength.org BY THURSDAY FEBRUARY 7, 2019 by 5:00 PM. Failure to follow all instructions will result in your Grant Application not being considered for our 2019 Grant Award. NOTE: We will NOT open NOR review any submissions prior to the deadline so it is your responsibility to make sure you have followed all instructions.

Signature Authorization and Certification of Information

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. I have read and understand the Terms of Grant Agreement and, should a grant be received, agree to follow the terms and conditions. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from Seeds of Strength will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

Signature & Title of Authorized Representative (e.g. Executive Director)

Date

Printed Name and Title

PART III. REQUIRED ATTACHMENT CHECKLIST

See Grant Guidelines at seedsofstrength.org "Apply for a Grant" page for additional information

- ☐ **Key Staff.** Include names, titles, short bio, and length of time employed. Please speak specifically to the staff member(s) who will be directing the program and explain why her/his oversight positions the program for success.
- ☐ **Program/Project Logic Model template** (Follow the instructions provided on the template).
- ☐ **Budget Information. Include:**
 1. Program Budget (Seeds of Strength's Budget template Part 1: Budget Narrative, Part 2: Budget Summary);
 2. Actual Program Budget for prior fiscal year (if applicable);
 3. Proposed Organizational Budget for current fiscal year;
 4. Actual Organization Budget for prior fiscal year.
- ☐ **Financial Statements. Include:**
 1. Previous fiscal year financials (balance sheet and income statement);
 2. Current fiscal year-to-date financials (balance sheet and income statement)
- ☐ **Litigation Statement.** If there is litigation pending or threatened against your organization (or a collaborating partner) within the past two years, please describe:
- ☐ **Program Executive Summary template.** A one page proposed program or project summary that could be shared with Seeds of Strength's membership. (Follow the instructions provided on the template)

***Do not include additional attachments other than the documents requested above.**

SCANNING ATTACHMENT INSTRUCTIONS:

SUBMIT A TOTAL OF four (4) SCANNED .pdf files and one (1) Seeds of Strength's Program Budget template Excel file to grants@seedsofstrength.org. Each .pdf file name should begin with your organization's name followed by a hyphen and identified as: 1) Application, 2) Staff & Logic Model, 3) Financials, 4) Executive Summary, and 5) Seeds of Strengths Part 1 and 2 Budget (Excel file).

1. **Application-** Grant Application (Grant Application Questions 1-16), and Signature page
2. **Staff & Logic Model-** Key Staff, and Program or Project Logic Model
3. **Financials-** Organization Budgets, Program or Project Budgets, financial statements, and litigation statement if applicable
4. **Executive Summary-** one page summary of proposal
5. **Seeds of Strength's Program Budget (Excel file)** - Part 1: Program Budget Narrative, and Part 2: Program Budget Summary.

THANK YOU for your time and effort in completing these forms!



SEEDS OF STRENGTH

SEEDS OF STRENGTH -- LETTER OF INTENT COVER PAGE

Instructions: Complete Seeds of Strength's Letter of Intent Word template. Use font size no less than 9 pt and no more than 12pt. Email the completed LOI with required attachments to grants@seedsofstrength.org. The deadline to submit the completed LOI is **NO LATER THAN THURSDAY NOVEMBER 15, 2018 at 5:00 PM**. Late submissions will be declined without consideration. You may only submit your LOI one time.

Organization Information			
Organization Name		Date IRS Approved 501(c)(3) Status	mm/dd/yyyy
Organization's legal name: (as shown on 501(c)(3) IRS Letter)		Federal Tax ID #	
Mailing Address City and zip code		Phone Number	
Website Address			
Executive Director: (or top executive)	(Please include prefix and title)	Phone # Email Address:	
Main contact(s) for this proposal:	(Please include prefix and title)	Phone # Email Address:	
Board President:		Phone # Email Address:	
Organization's mission statement:			
Program or Project Information			
Program/Project Name		Amount Requested	
Type of Request: Program or Project Support (check one)		Program or Project Area of Interest (check one)	
<input type="checkbox"/> New program or project <input type="checkbox"/> Existing program or project <input type="checkbox"/> Expansion of an existing program or project <input type="checkbox"/> New Collaboration		<input type="checkbox"/> Health and well-being <input type="checkbox"/> Family <input type="checkbox"/> Education/Financial Stability <input type="checkbox"/> Arts and Culture	
Program/Project Summary: 100 words or less summarize main objectives and anticipated results (one paragraph)			
# Current population served by organization (unduplicated individuals and geographic area(s) – cities, counties, etc.)		# Target population served through this proposed program request (unduplicated individuals and geographic area(s) – cities, counties, etc.)	
PROGRAM/PROJECT STAFFING: Enter the total number of proposed staff to accomplish the program/project activities.			
# Full-time staff:	# Part-time staff:	# Volunteers:	

Organization's fiscal year end date:		mm/dd/yyyy through mm/dd/yyyy (i.e. 07/01/2017 through 06/30/2018)	
Organization's annual budget:	\$	Total program/project budget:	\$
Type of Funding Request: (check all that apply)			
<input type="checkbox"/> General Operating Support <input type="checkbox"/> Capital improvement project. Is the proposed property involved owned or leased? <input type="checkbox"/> Property is owned by organization. <input type="checkbox"/> Property is leased. What number of years remain on the lease as of the date of this proposal? # of Years [] <input type="checkbox"/> Other (explain)			
If your organization has an endowment, what is the value of the endowment fund? In you do not have an endowment, please answer "NA"			\$
How did your organization hear about Seeds of Strength?			

Seeds of Strength—Letter of Intent

NARRATIVE

Instructions: Complete the Letter of Intent (LOI) questions 1-7 Word template. You will be asked to answer each question using a specific number of paragraphs. Enter your answers following each written question. Expand each answer as needed but do not exceed three (3) pages for the 7 questions. The 3 pages excludes the LOI Cover pages, Checklist and Signature page. Remember to use spell check.

Name of Organization:

Program or Project Name:

Amount of Funding Requested:

ORGANIZATION INFORMATION

1. PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION.

Briefly summarize the primary programs or projects in support of the organization's mission and how they impact the community. *(Limit to two paragraphs)*

2. WHAT IS THE PURPOSE OF THIS FUNDING REQUEST?

Provide enough detail about the program or project so that someone who is not familiar with it can understand what you hope to do, why it is needed and how it will impact your targeted population. Does the program or project address an emerging need or a critical community issue? If so, describe the need and explain how the program or project seeks to address the need. Describe the location of services, and length of services. *(Limit to four paragraphs; bullet points are encouraged)*

3. WHO WILL YOUR PROGRAM OR PROJECT SERVE?

Please describe the program or project's target population, including age, gender, and socioeconomic group it intends to impact. What geographic area will be served? How many Georgetown individuals will be served by the program/project? *(Limit to one paragraph; bullet points are encouraged)*

4. WHAT DOES YOUR PROGRAM OR PROJECT HOPE TO ACCOMPLISH? (Outputs and/or Outcomes)

Describe your program or project's overall goals and objectives. Where will the activities take place? How will this program or project transform your organization and how will it transform the lives of the target population? *(Limit to three paragraphs)*

5. HOW DOES YOUR PROGRAM OR PROJECT INTEND TO ACHIEVE THE ABOVE?

How will you know if you are successful? Specifically what and or who will you measure or assess to achieve your program goals and objectives? *(Limit to two paragraphs)*

6. WHAT ORGANIZATIONS WILL COLLABORATE WITH YOU ON THE PROGRAM OR PROJECT?

Please list any partners or collaborators and describe the specific role of each. (i.e., agencies, businesses, schools, government entities and others). How does working with these partners/collaborators affect the success of this project/program? *(Limit to three paragraphs; bullet points are encouraged)*

7. HOW DOES THE PROGRAM OR PROJECT INTEND TO EXPEND THE GRANT?

How will Seeds of Strength's money be spent (description of amounts, e.g. Salary & Benefits \$15,000)? Provide a brief list of major budget items. Briefly, why do you propose these particular expenditures? *(Limit to 2 paragraph; bullet points are encouraged)*

Seeds of Strength LOI Checklist of Attachments and Signature Page

Instructions: PLEASE PRINT OUT THIS PAGE. Check off the attachments you are including with your LOI Application. The Executive Director or CEO will need to sign the Signature Authorization and Certification of Information below. **SCAN THE ATTACHMENTS AS INSTRUCTED BELOW and submit via email to grants@seedsofstrength.org BY THURSDAY NOVEMBER 15, 2018 BY 5:00 PM.** Failure to follow all instructions will result in your LOI not being considered for our 2019 Grant Award.

NOTE: We will NOT open NOR review any submissions prior to the deadline so it is your responsibility to make sure you have followed all instructions.

Signature Authorization and Certification of Information

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from Seeds of Strength will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

Signature & Title of Authorized Representative (e.g. Executive Director)

Date

Printed Name and Title

REQUIRED ATTACHMENT CHECKLIST

- ☐ **Copy of the organization's current 501(c) (3) IRS Letter of Determination indicating tax-exempt status.** (If applicable a copy of your fiscal sponsor's IRS Letter of Determination).
- ☐ **Current Board member list.** Specify the percentage of the Board members who make a financial contribution to your organization. Include the following information for each board member:
 - Position and number of years served
 - Professional affiliations (name of organization of employment and title)
 - City and zip code of residence
- ☐ **If applicable: Seeds of Strength's Collaborator Agreement form submitted by the lead organization for the proposed program or project and signed by the collaborating organization.** (Collaborator Agreement form can be downloaded from seedsofstrength.org Apply for a Grant page).
- ☐ **If applicable: Collaborative work with Georgetown Independent School District.** (District's Letter of Approval of the PIE Partnership Proposal).
- ☐ **Most recent IRS Form 990**
- ☐ **One page Program/Project budget that includes all funding sources and expenditures.** (See Seeds of Strength Program/Project Example- can be downloaded from seedsofstrength.org Apply for a Grant page).
- ☐ **Most recent independent financial audit including Auditors notes and Management Letter.** (Both the 990 and audit documents should be the same fiscal year). If no audit is available, please attach a document that explains why.

***Do not include additional attachments other than the documents requested above.**

Please read the following statement and check the box certifying that this application is complete according to Seeds of Strength's requirements.

- ☐ I have reviewed Seeds of Strength's website to whom I am submitting this application and have reviewed its Mission, Grant Guidelines, Areas of Interest, Eligibility Requirements, Grants Process, and FAQ to determine if my grant request meets their criteria for funding.

SCANNING ATTACHMENT INSTRUCTIONS:

SUBMIT A TOTAL OF three (3) SCANNED .pdf files to grants@seedsofstrength.org. Each file name should begin with your organization's name followed by a hyphen and identified as: 1) LOI Packet 2) Due Diligence, and 3) Financials.

1. **LOI Packet-** (Org Name): LOI COVER PAGE, LOI Template (LOI Narrative Questions 1-7), Signature Page
2. **Due Diligence-** (Org Name): 501 (c)(3) Determination Letter, Board List, Collaborator Agreement, PIE Partnership
3. **Financials-**(Org Name): Program/Project Budget (Seeds of Strengths Example), most recent IRS Form 990, most recent independent financial audit.